

the ruling has been made at the very beginning of the existence of this tuberculosis department that no patient shall be admitted except he be in a hopeful stage of the disease. Only by following a policy of this sort can the best results be accomplished in the way of improvement or cure.

Just now we refer to the holders of life insurance policies not fire insurance. We wish **POLICY** to call your attention particularly to **HOLDERS** a letter from a physician in this State to the president of one of the large insurance companies—the Mutual—which appears on another page. Most physicians carry life insurance, and particularly those who are or have been examiners for life insurance companies. Certainly no class of injured can form a better idea of what is going to happen in the future, with the big companies paying but \$3.00 for a medical examination and having any old person make it, than can physicians. No one of us needs to be told that it is an exceedingly dangerous state of affairs. Has any company the right to jeopardize the value of policies now held, by reckless and careless examination of future risks at the hands of poorly paid and often incompetent examiners? This is a phase of the question which should receive the careful attention of insurance commissioners the country over, and especially in states where the great majority of the better and competent physicians are refusing to make examinations at cut rates. Instances are beginning to come to our attention where grossly incompetent persons have been allowed to examine risks, because the local members of the county medical society would not sacrifice their self-respect by doing cut rate work. When the return of death comes in, what effect is this sort of carelessness going to have upon the now ample assets of the company? There is hardly a single well qualified physician in the country who can afford to give the time necessary for making a thorough examination and filling out the required blank, for \$3.00. Indeed, in many communities the best men will have nothing to do with insurance examinations at \$5.00, as they are too busy to afford to give their time at that figure; what then must be the condition of things when the remuneration is cut to \$3.00?

Some consulting physicians and surgeons of San Francisco have brought to the attention of the JOURNAL what **ANNOYING** **CARELESSNESS** may seem a trifling thing, yet one which is a great annoyance. Patients will be referred to them from colleagues in the country, without a line to the consultant as to what is desired. Is the consultant to examine the patient and report to the family physician? Or is he to tell the patient what he finds? Is he to care for the patient himself, operating if need be, or is he to send the patient back home to be cared for by the referring physician? And after he has carefully examined the patient, possibly making some x-ray plates, prints of

which, together with a long letter setting forth the condition which he has diagnosed, he has sent to the physician so kindly referring to him the patient—he receives no acknowledgement whatever. It has happened, we are told, that not even the receipt of such a letter has been acknowledged, and the further history of the patient, often a matter of some interest to the consultant, remains a mystery. Now, this is not right. Any person who goes to the trouble of writing a letter to another on some subject of common interest, certainly has earned the consideration of an acknowledgement of his letter at least, if not indeed, a reply in kind. To fail to acknowledge the receipt of an important letter is not only unbusinesslike, it is absolutely discourteous. To the writer of the letter, it is a great annoyance to have his communication go unanswered, for he is left in doubt as to its receipt. Any physician who refers a patient to a consultant without a word as to what is wanted, can not complain if the consultant uses his judgment, operates upon the patient, if need be, and in general handles the patient as though he were his own.

THE OCCURENCE OF OCCULT HEMORRHAGES IN TYPHOID FEVER.

Since the publication in 1904, of Joachim's observations in occult hemorrhages in typhoid fever several investigators, notably Tedeschi, Petracchi and Steele, have contributed to our knowledge of the subject. More recently Tileston⁽¹⁾ has re-studied the question and in an interesting article reports the results of examinations of the stools from 68 cases. The guaiac and aloin tests for blood pigment were uniformly employed. Positive results were obtained in 25% of the cases. The reports of different investigators are by no means uniform. Thus, Tedeschi observes it in only three out of twenty-four cases. Petracchi, on the other hand, obtained positive results in eight out of eighteen cases (44%), while Steele found traces of blood in about 16% of his series. Zuccola is the only observer whose results were positive in every case. These conflicting statements are due probably to several causes as pointed out by Tileston. In the first place, there may be variations in the severity of the epidemic; secondly, differences in technic and the frequency of the examinations of the stools are also important factors. Of course, the personal equation is always important when a color reaction is in question. Subsequent studies will probably show results quite similar to those to Tileston.

The occult hemorrhages appear in the second week of the disease, persist during the following week and reach their maximum in the fourth week. The fifth week, usually afebrile, gives the lowest figures. In many cases, on the day of positive reaction the temperature was considerably elevated.

The relation to gross hemorrhages is interesting but disappointing. In Tileston's series hemorrhages occurred in seven cases (10%); in six of these, although the stools were examined in all within the